PTO/SB/17 (07-06)

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Effective on 12/08/2004.	Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	09/955,427-Conf. #9463		
FEE TRANSMITTAL	Filing Date	September 19, 2001		
	First Named Inventor	Shigeo TOJI		
For FY 2005	Examiner Name	C. S. Yoder		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2622		
TOTAL AMOUNT OF PAYMENT (\$) 910.00	Attorney Docket No.	1259-0217P		

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TOTAL AMOUNT OF PAY	MENT	(\$) 910.00		Attorney Docket	No.	1259-0217P		
METHOD OF PAYMEN	IT (check all	that apply)			***	·		
X Check Credit	Card	Money Order	Nor	ne Other (please ide	entify):		
Deposit Account Dep	osit Account Nun	nber: 02-2448 I	Deposit Acc	ount Name:	Birch, S	tewart, Kolasci	h & Birch, L	LP
For the above-iden	tified deposit	account, the D	irector is	hereby authorize	ed to: (ch	eck all that apply)	
Charge fee(s	-					ndicated below,	•	e filing fee
X Charge any a	dditional fee	(s) or underpay and 1.17	ment of	x Credit	any over	payments		
FEE CALCULATION								
1. BASIC FILING, SEARC	H, AND EXA	MINATION FE	ES					
	FILIN	NG FEES	SEA	ARCH FEES	EXAM	INATION FEES	3	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							_	Small Entity
Fee Description	. p.	,					Fee (\$)	Fee (\$)
Each claim over 20 (includ Each independent claim ov	-						50	25
Multiple dependent claims	er 3 (menua	ing ixelasues)					200 360	100 180
• •	Claims	Fee (\$)	Fee F	aid (\$)		Multiple Depend		100
- =	x	=		<u> </u>	-	ee (\$)	Fee Paid (\$))
HP = highest number of total cla		greater than 20.			_			•
Indep. Claims Extra	Claims	Fee (\$)	Fee F	aid (\$)				_
·=	x							
HP = highest number of indeper		id for, if greater tha	n 3.					_
3. APPLICATION SIZE FEI If the specification and dr listings under 37 CFR sheets or fraction there	awings exce 1.52(e)), the	application siz	e fee du	e is \$250 (\$125 f				
Total Sheets E	xtra Sheets	Number	of each a	dditional 50 or frac	tion there	eof Fee (\$)	Fee P	aid (\$)
- 100 =		/50		(round up to a who	le number) x	=	
4. OTHER FEE(S)	#120 C						Fees I	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge), 180 Request for continued examination (RCE) (see 37						790.00		
Other (e.g., late ming surcharge) Extension for response within first month						0.00		
SUBMITTED BY								
Signature		12968	20	Registration No. (Attorney/Agent)	39,491	Telephone	(703) 205	-8000
	- /			MINITERMANICALITY	•			

MRC/CTB/kr

September 1, 2006

Date

Michael R. Cammarata

Name (Print/Type)